

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/07/2009
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 290007		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 06/19/2009	
NAME OF PROVIDER OR SUPPLIER U M C OF SOUTHERN NEVADA				STREET ADDRESS, CITY, STATE, ZIP CODE 1800 WEST CHARLESTON BLVD LAS VEGAS, NV 89102			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of a Medicare Complaint Validation Survey conducted at your facility from 6/16/09 through 6/19/09.</p> <p>The survey was conducted in accordance with 42 CFR Part 482 - Hospitals. And reviewed for the following conditions; Quality Assurance (482.21), Medical Staff (482.22) and Nursing Services (482.23).</p> <p>The following complaint was investigated:</p> <p>#NV00021946 - Substantiated</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p>			A 000			
A 404	<p>The following deficiencies were identified:</p> <p>482.23(c) ADMINISTRATION OF DRUGS</p> <p>Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient's care as specified under §482.12(c), and accepted standards of practice.</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to administer medications as ordered by the physician.</p> <p>Findings include:</p>			A 404			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 404	<p>Continued From page 1</p> <p>On 6/18/09 in the morning, the nurse administered 2 tablets of Senna Plus (Sennosides and docusate) to Patient #1. Patient #1's physician's orders on 6/16/09 documented to give Senna (Sennoside with no docusate) 1 to 2 tablets orally three times a day.</p> <p>On 6/18/09 in the morning, the pharmacist indicated it would be recommended not to use docusate for sodium restricted patients.</p> <p>On 6/19/09 in the morning, the Assistant Director of Pharmacy indicated since the pharmacy formulary did not include just Senna tablets, then the pharmacist filling Patient #1's order should have clarified with the physician to see if Senna Plus could have been given.</p> <p>On 6/19/09 in the morning the Director of Medical Surgical Services indicated the nurses are required to review the physician orders and the medication administration record at the beginning of the shift prior to administering medications to the patients.</p>	A 404			